

City of Chattanooga



Department of Neighborhood Services and Community Development 2007-08 Neighborhood Partners Program PROJECT PROPOSAL APPLICATION

The Department of Neighborhood Services and Community Development (DNSCD) must receive one (1) original and nine (9) copies of this completed application in our offices no later than 4 p.m. on Thursday, September 27, 2007. Bind applications with paper clips. Do not staple applications. DNSCD will not provide copies. Late and / or incomplete packets will not be accepted.

Your application packet must also include:

- ☐ A copy of the organization's budget for this year
- ☐ A roster of all members of neighborhood association
- ☐ A copy of organization's bylaws
- ☐ Proof of 501(c)(3) status (if applicable)
- ☐ A copy of the organization's most recent annual report (if applicable)

Please refer to Project Proposal Guidelines before completing this application.

Type or clearly print answers to all questions in the space provided.

Legal Name of Organization: _____

Type of Organization: _____ Neighborhood or Community Based Organization
_____ 501(c)(3) corporation (include a copy of charter & bylaws)

Requested Funding Amount: _____

Did you attend a 2008 Technical Assistance Workshop? Yes _____ No _____

Note: Applicants who did not attend a Technical Assistance Workshop are automatically disqualified, and the proposal will not be reviewed.

Primary Project Contact

1) Name: _____

2) Mailing Address: _____

3) City, State, Zip Code: _____

4) Daytime phone: _____ Home phone: _____

5) Fax: _____

6) E-Mail address: _____

7) Signature and title of primary accountable person for implementing project

Secondary Project Contact

- 1) Name: _____
- 2) Mailing Address: _____
- 3) City, State, Zip Code: _____
- 4) Daytime phone: _____ Home phone: _____
- 5) Fax: _____
- 6) E-Mail address: _____
- 7) Signature and title of secondary accountable person for implementing project

Additional Project Team Members:

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime phone: _____ Home phone: _____

E-Mail address: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime phone: _____ Home phone: _____

E-Mail address: _____

Neighborhood Association / Community Organization Information :

- a) When was the organization formed? _____
Please attach a copy of the names, address, phone numbers, and email addresses for the officers or board members of your organization.
- b) What is the organization's meeting information?

Location: _____

Time: _____

Day: _____

- d) List any regular or annual events that your neighborhood association participates in or sponsors.

- e) Have you received funding from the Department of Neighborhood Services and Community Development before? *If yes, gives date(s), amount(s), and describe project(s).*

- f) Was/Were the project(s) completed? If so, what did you accomplish?

- g) Has your organization ever been funded by the City and had to rescind the funds? *If yes, please give details.*

- h) Have you applied to other organizations for funding this year? Yes_____ No_____
If yes, please explain.

Project Description:

- a) Goal or Purpose of Project: _____

- b) Describe the proposed project. (be specific):

- c) Can the project be completed by December 1, 2008? Yes _____ No _____

Project Impact:

- d) Explain how your project will impact your neighborhood. Why is it the priority right now?

Project Capacity:

- e) How exactly do you plan to carry out the project? Objectives should be specific, measurable, achievable, realistic, and timely.

Project Neighborhood / Community Involvement and Partnerships (please include Letter of Commitment):

- f) What persons and/or organizations were involved in designing the project? _____

- g) Who will be implementing the project? Why was person(s) selected?

Project Sustainability:

- g) If funded, how does your organization intend to continue project activities beyond this funding cycle?

Project Evaluation Method:

- h) What method(s) will you use to evaluate whether you have successfully accomplished the goal(s), objectives, and activities of your project? For example: before/after photos, calendars, surveys, and statistical analysis

Applicant Project Budget

1. Provide a detailed budget indicating specific costs for all project activities.
2. Include all equipment and supplies.
3. Complete Cost Sharing Summary and Budget Summary below.

Only indicate additional funding source if authorized letter from partnering source is attached committing a specific amount of money.

Awards made to projects based on commitments from other sources may be withdrawn if those partners withdraw their commitments from the project.

Cost sharing shall be in cash. Neighborhood association volunteer time will not be counted towards cost sharing. More details about this and other program requirements will be made available at the Technical Assistance Workshop.

Cost Sharing Summary:

Cash Contribution(s)*:

Contributor	Dollar Amount
Contributor	Dollar Amount
Contributor	Dollar Amount
Contributor	Dollar Amount

Total \$

**Don't forget to include a letter of commitment from each contributor.*

Budget Summary:

- | | | |
|----|--|----------------------|
| 1. | Insert Requested Funding Amount: | <input type="text"/> |
| 2. | Your Cash Match
(10% of total project amount) | <input type="text"/> |
| 3. | Total Line 1 & 2
(This is your project cost) | <input type="text"/> |

Applicant's Certification:

I hereby certify that the above information is correct and that the applicant's governing body has authorized this application.

Name: _____

Title: _____
[President's or other authorized official's printed name, title, and signature required]

Signature: _____

Date: _____

To be signed by at least three officers of the Neighborhood Association(s) and three members at large from the organizational membership in which the proposed project will take place, indicating the neighborhood's support for this project as stated above.

Applications are not complete without signatures below.

President: _____ Date: _____ Phone: _____

Vice-President: _____ Date: _____ Phone: _____

Treasurer or
Secretary: _____ Date: _____ Phone: _____

Members at Large

Name: _____ Date: _____ Phone: _____

Name: _____ Date: _____ Phone: _____

Name: _____ Date: _____ Phone: _____

Mail or deliver application to: Darius L. Swoope, Grants Specialist, Department of Neighborhood Services and Community Development, 101 East 11th Street, City Hall, Suite 200, Chattanooga, TN 37402. Application deadline: September 27, 2007, 4:00 p.m.